

Name
in
Full

Mary E. Bayless

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

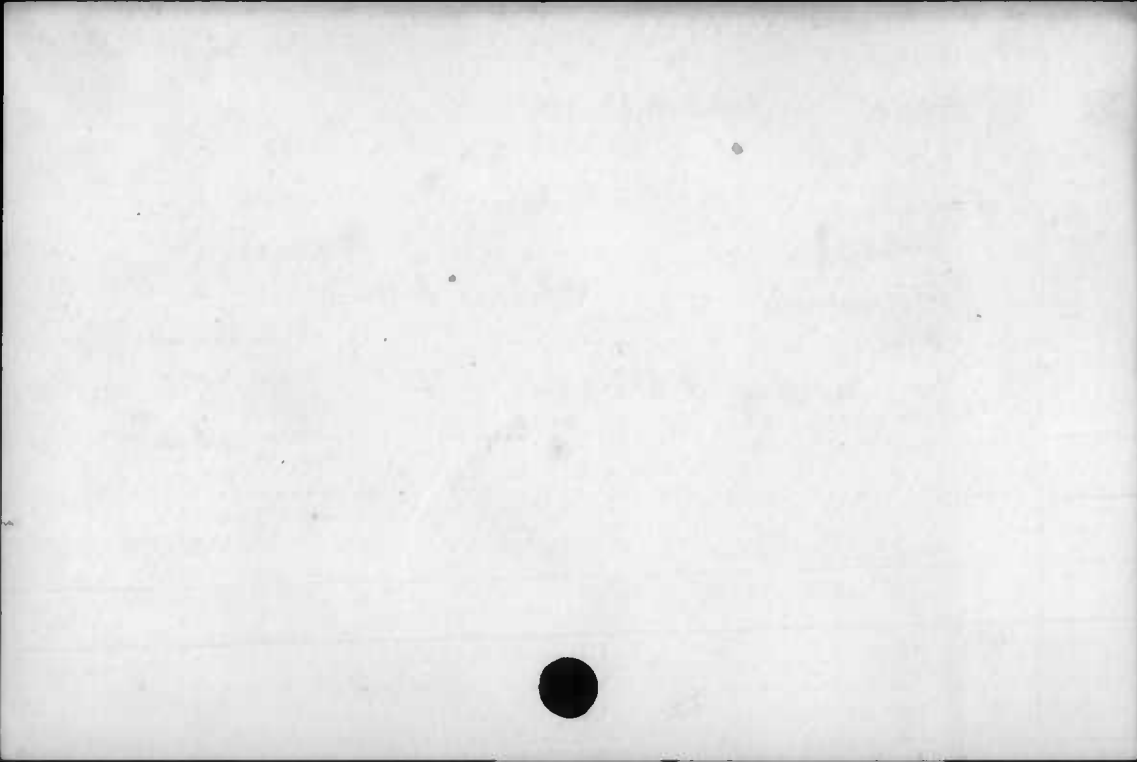
Died at <i>Harre de Grace</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Sept.</i> ^{Month}	<i>16</i> ^{Day}	<i>24</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harre de Grace</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>" " "</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Bayless</i>				
Father's Name <i>Lycurgus Keen</i>	Father's Birthplace <i>Harford Co.</i>		Mother's Birthplace <i>Harford Co.</i>		
Mother's Maiden Name <i>Mary Baldwin</i>	Name of person giving information <i>Mrs Geo. Carroll</i>		How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Woodward</i>
<i>J</i>	Address <i>Harre de Grace</i>
Accident or Suicide?	



Name
in
Full

Chara E Carr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

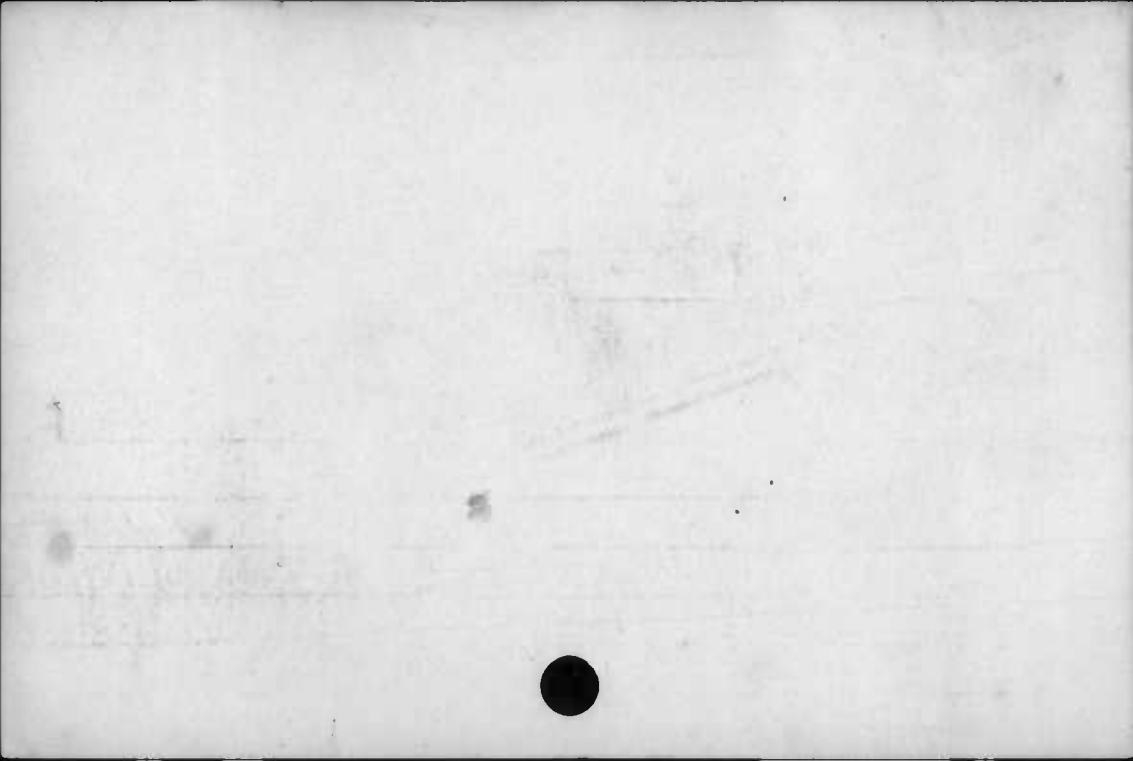
Died at <u>home</u>		Town <u>Trent Hill</u>	County <u>Harford Co.</u>	MARYLAND	
Date of death	1908	Month <u>Sept</u>	Day <u>7</u>	Years <u>20</u>	Months <u>11</u> Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Harford Co</u>		
Occupation <u>Wife</u>		Where Residing if not at place of death <u>home</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Oliver F Carr</u>				
Father's Name <u>Edward E Cook</u>	Father's Birthplace <u>Balto Co.</u>				
Mother's Maiden Name <u>Mary Peterson</u>	Mother's Birthplace <u>Harford Co</u>				
Name of person giving Information <u>Oliver F Carr</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of lungs</u>	How long <u>Eight Months</u>
Immediate <u>Exhaustion</u>	How long <u>Four weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>F. P. Linthorn</u>
	Address <u>Trent Hill Md</u>
Accident or Suicide?	



Name in Full		Adrian A. Chesney				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Churchville		Haywood		MARYLAND				
	Date of death	1908	Month	Sept	Day	27	Age	Yrs	Months	Days
	Sex	Male		Color or Race	White		Birth-place	Ind.		
	Occupation				Where Residing if not at place of death			Churchville		
	Married, Single	Widowed		Name of Wife or Husband						
	Father's Name	Chas. H. Chesney				Father's Birthplace	Ind.			
	Mother's Maiden Name	Dora C. Mitchell				Mother's Birthplace	Ind.			
Name of person giving information	Chas. H. Chesney				How related to deceased	Father				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto;">106</div>										
PHYSICIAN OR CORONER	Primary	Cholera Morbus				How long	4 days			
	Immediate	Heart failure				How long	6 hours			
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	J. A. Callahan			
	Address					Belcamp				
Accident or Suicide?	no									

Calvary

Name

in
Full

CERTIFICATE OF DEATH

James F. Devore

Town

County

Died at Federal Hill

Date

1908

Month

Sept

Day

7

Years

Age 65

Months

9

Days

4

MARYLAND

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Wheelwright

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Elija S. Devore

Father's
Name

Thomas B. Devore

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary O. Lytle

Mother's
Birthplace

"

Name of person giving
Information

Reuben A. Devore

How related
to deceased

Son

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

about 2 weeks

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. F. Bradley

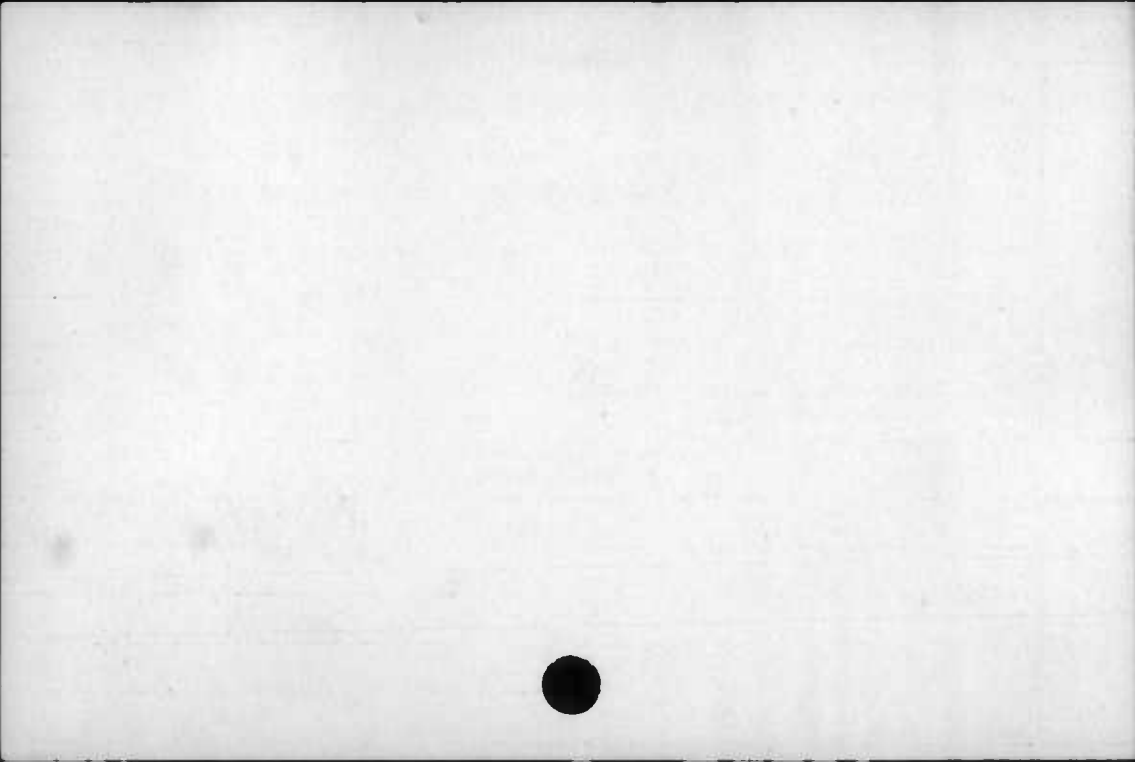
Address

Fayetteville

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Finkernagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

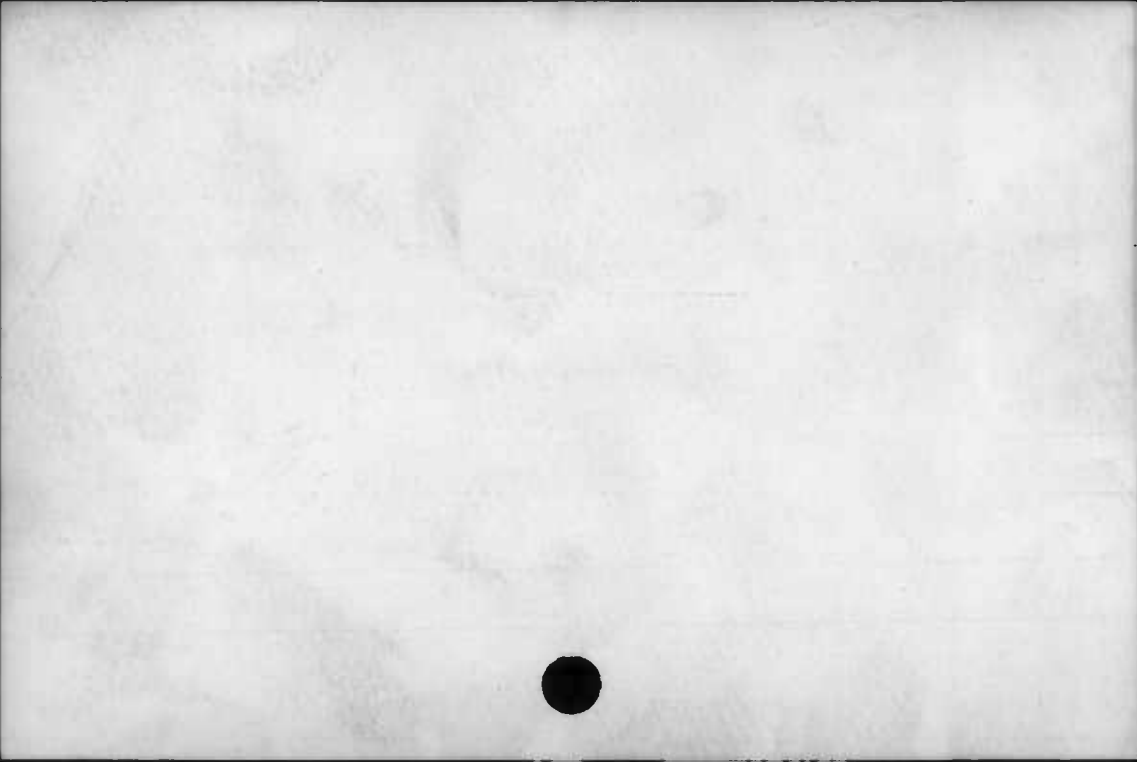
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Sept	15	15	—	—	1
Sex	Male	Color or Race	White	Birth-place	Havre de G.		
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Alfred Finkernagle		Father's Birthplace		
Mother's Maiden Name			Bertha Wobling		Mother's Birthplace		
Name of person giving information			Finkernagle		How related to deceased		

CAUSES OF DEATH

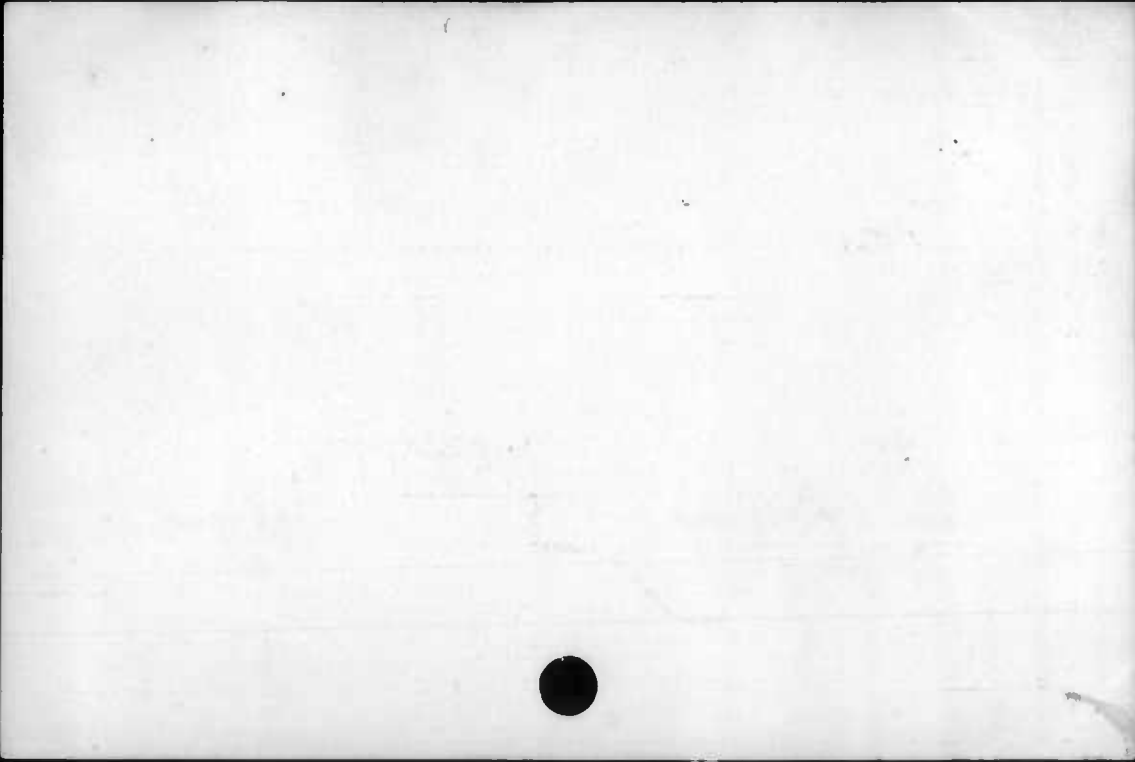
151

PHYSICIAN
OR CORONER

Primary	Born Prematurely	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		



Name in Full		Solomon Fleming				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Bel Air</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND		
	Date of death <u>1908</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>20</u> <small>Age</small> <u>9</u> <small>Years</small>				<u>9</u> <small>Months</small>		<u>0</u> <small>Days</small>
	Sex <u>male</u>		Color or Race <u>Black</u>		Birth-place <u>md</u>		
	Occupation <u>—</u>		Where Residing if not at place of death <u>Bel Air</u>				
	Married, Single or Widowed <u>X</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>Solomon Fleming</u>				Father's Birthplace <u>md</u>		
	Mother's Maiden Name <u>Sally A Wilson</u>				Mother's Birthplace <u>md</u>		
	Name of person giving information <u>Sally A Wilson</u>				How related to deceased <u>Mother</u>		
CAUSES OF DEATH							27
PHYSICIAN OR CORONER	Primary <u>Phthisis</u>				How long <u>Don't know</u>		
	Immediate <u>Pneumonia</u>				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. S. Page</u>				
			Address <u>Bel Air</u>				
	Accident or Suicide?						



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Chice May Garretson - German

Died at *Abundum* ^{Town} *Harford* ^{County} **MARYLAND**

Date of death **1908** ^{Month} *Sept* ^{Day} *25* ^{Years} *34* ^{Months} *7* ^{Days} *18*

Sex *Female* Color or Race *White* Birthplace *Maryland*

Occupation _____ Where Residing if not at place of death *Abundum Md*

Married, Single or Widowed *married* Name of Wife or Husband *Lester S German*

Father's Name *Geo. W. Garretson* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary E. Garretson* Mother's Birthplace *Maryland*

Name of person giving information *Bertie St. Osage* How related to deceased *Sister*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

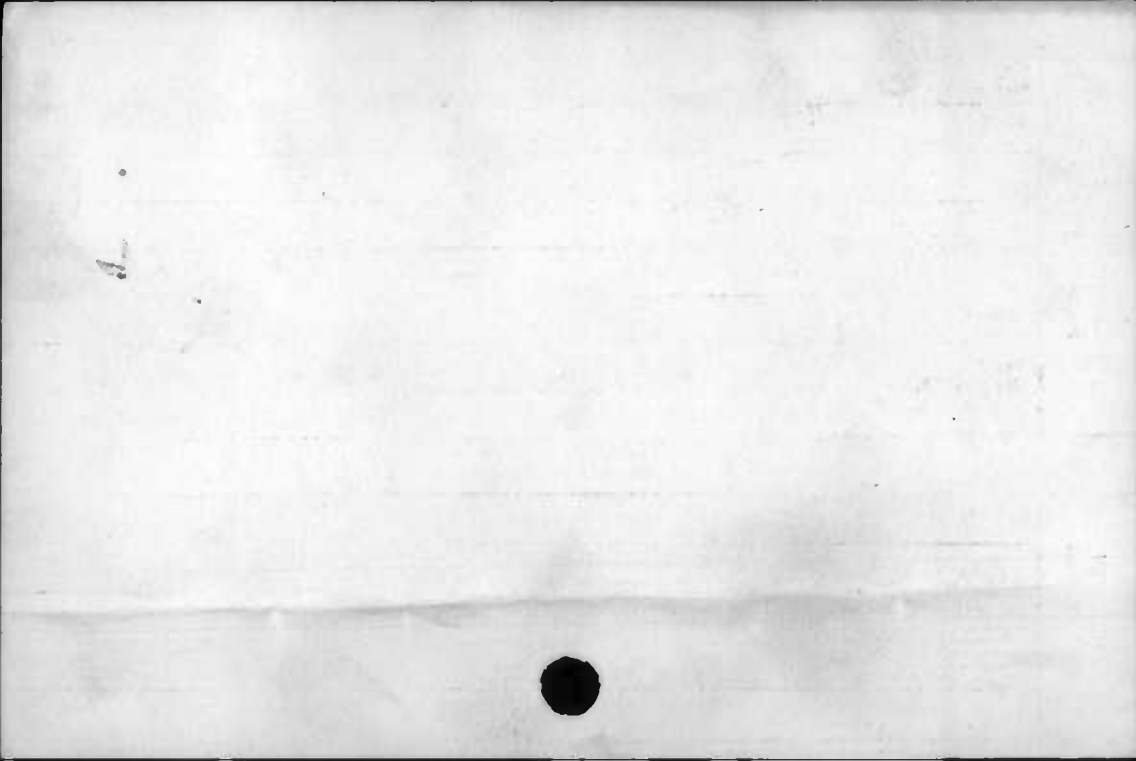
Primary *Heart Disease* How long *3 yrs*

Immediate *Dropsey &c* How long *6 mo*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo St Henry* Address *Abundum Md*

Accident or Suicide? _____



Name
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CERTIFICATE OF DEATH

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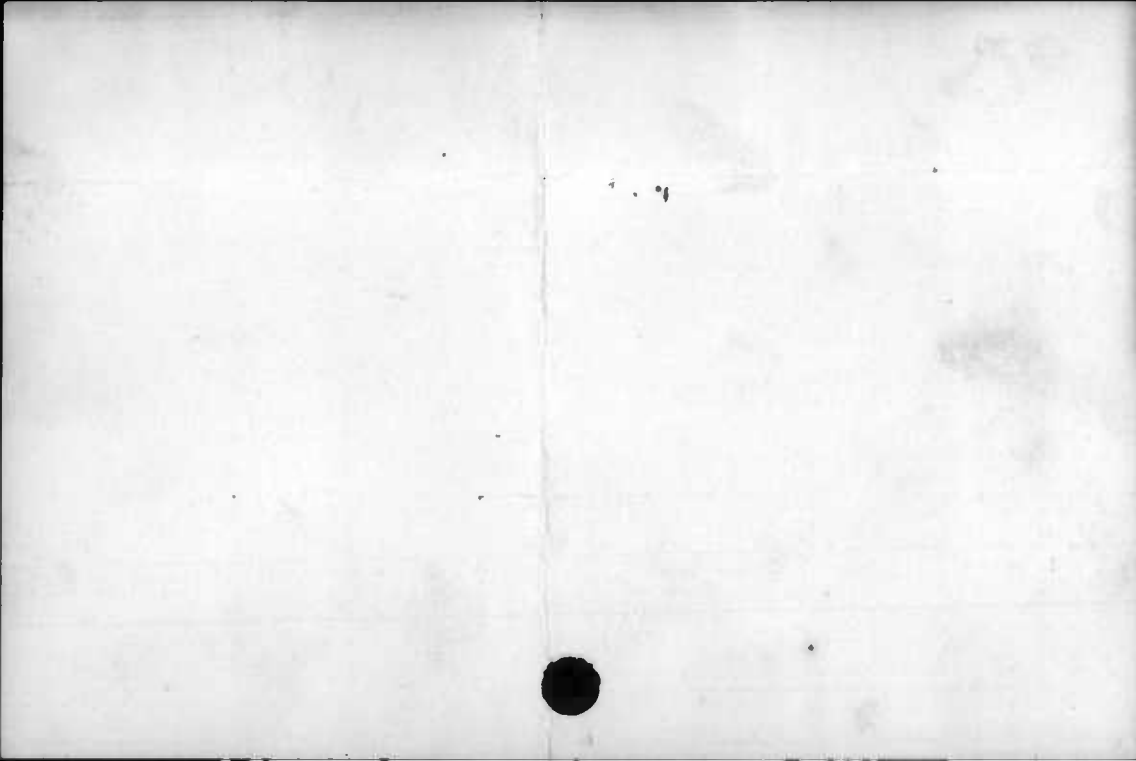
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

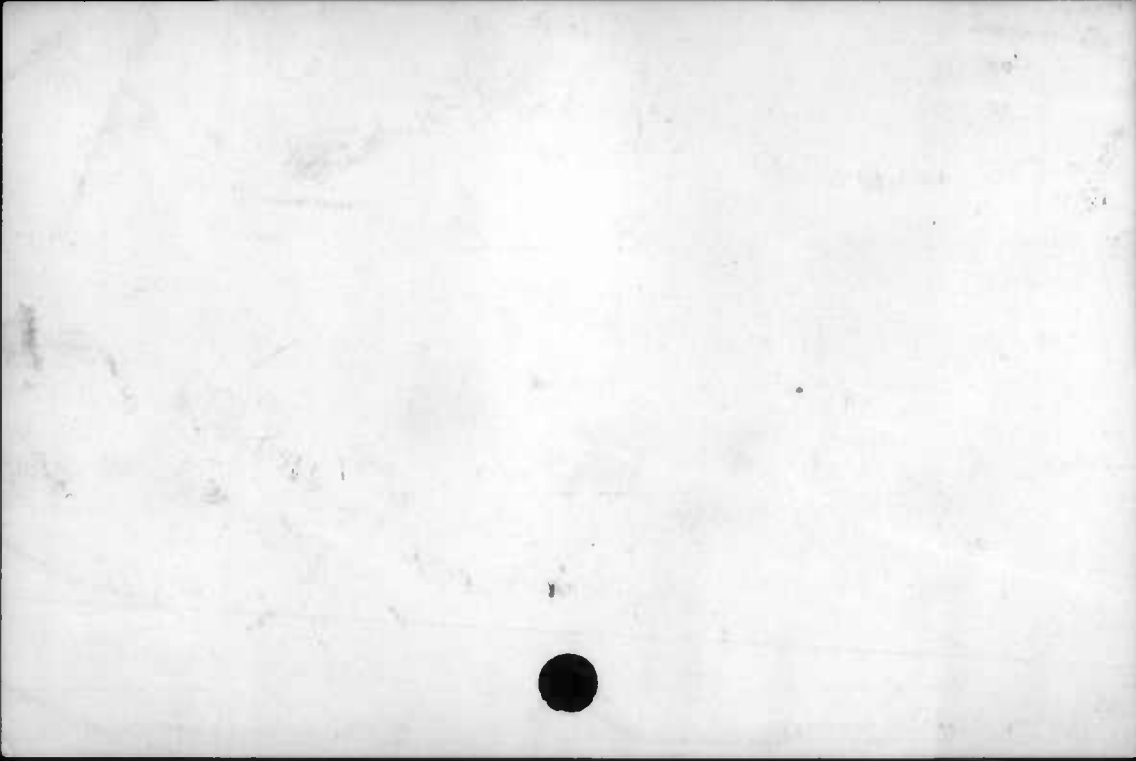
27

PHYSICIAN
OR CORONER

Primary	Consumption	How long	2 mos
Immediate	Exhaustion	How long	2 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Address			
Accident or Suicide?			



Name in Full		Alice E. Hammond				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hallston	County Harford		MARYLAND	
	Date of death	1908	Month Sept	Day 30	Age 1	Months 1	Days —
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name			Wm. A. Hammond		Father's Birthplace	
	Mother's Maiden Name			Annye L. Miller		Mother's Birthplace	
Name of person giving information			Wm. A. Hammond		How related to deceased		
			CAUSES OF DEATH		105		
PHYSICIAN OR CORONER	Primary		Colitis			How long	
						3 weeks -	
	Immediate		Exhaustion & inanition			How long	
						2 or 3 days.	
Are the name, age, sex, color, date and place correctly given above?		Yes -		Signature of Physician		A. F. Van Dine	
				Address		T Selan Md.	
Accident or Suicide?		No -					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

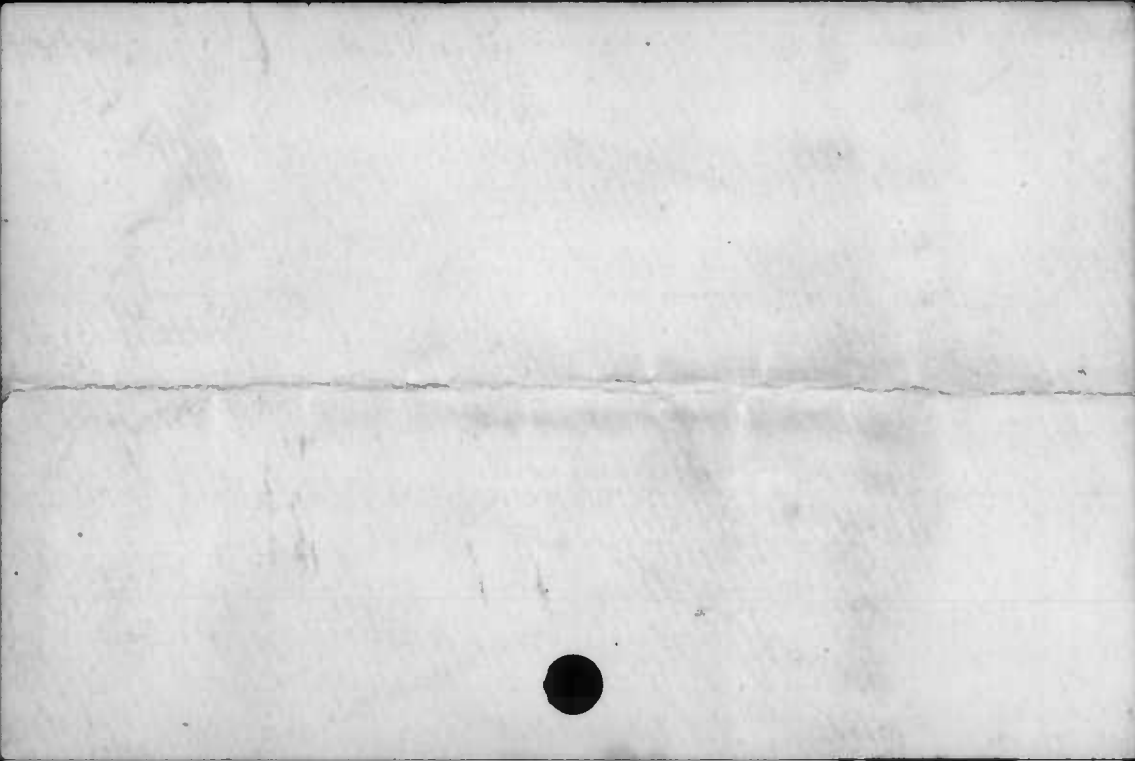
James Mc Kenly Hardy
 Died at aberdleen ^{Town} Harford ^{County}
 Date of death 1908 ^{Month} Sep ^{Day} 30 ^{Years} Age ^{Months} 57 ^{Days}
 Sex Male Color or Race Black Birth-place Abderdeen
 Occupation _____ Where Residing if not at place of death Abderdeen
 Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name Joseph Hardy Father's Birthplace Logsdon Ky
 Mother's Maiden Name Esther McAllen Mother's Birthplace Abderdeen
 Name of person giving information Esther Hardy How related to deceased Mother

CAUSES OF DEATH

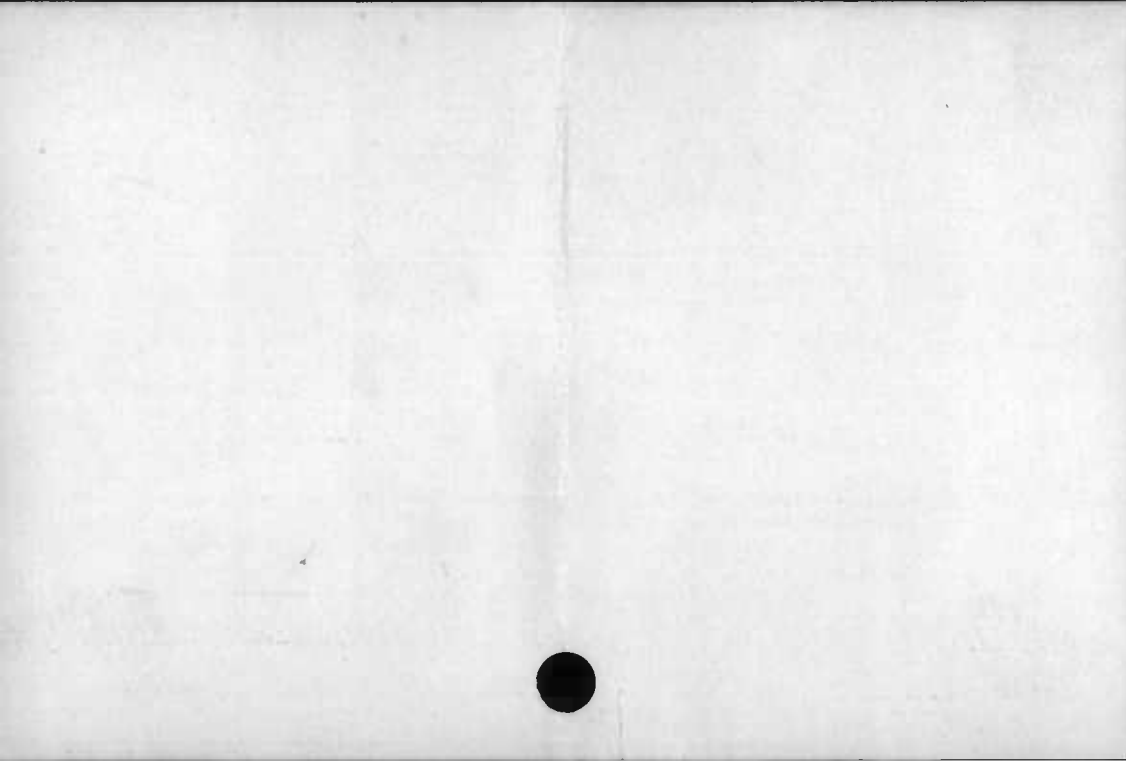
105

PHYSICIAN
OR CORONER

Primary Cholera morbus 10 days
 Immediate _____
 Are the name, age, sex, color, date and place correctly given above? ☒
 Signature of Physician J. Kennedy
 Address abderdeen Md.
 Accident or Suicide? ☒



Name in Full		John H. Leonard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Pyleaville		Hayfield				
	Date of death	1908	Month	Sept	Day	8	Age
	Sex		Male		Color or Race		Colored
	Occupation				Birth-place		Pyleaville
					Where Residing if not at place of death		Pyleaville
	Married, Single or Widowed				Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Thomas Leonard		Father's Birthplace		Ind.
	Mother's Maiden Name		Mary Hewitt		Mother's Birthplace		Ind.
	Name of person giving information		Thomas Leonard		How related to deceased		Father
		CAUSES OF DEATH		104			
Primary				How long			
Immediate		Acute Indigestion		How long		1 day	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C. H. Farnous	
				Address		Street P. M. D.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Sept</i>	Day	<i>23</i>
Age	<i>72</i>	Years		Months	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Pa.</i>
Occupation	<i>Farmer</i>	Where Residing if not at place of death		<i>Bel Air</i>	
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband <i>Hannie Ernest</i>			
Father's Name	<i>Jacob Livezey</i>			Father's Birthplace	<i>Pa.</i>
Mother's Maiden Name	<i>Precilla Walthman</i>			Mother's Birthplace	<i>Pa.</i>
Name of person giving information	<i>Lillian Livezey</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Cold</i>	How long	<i>5 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Y ES</i>	Signature of Physician	<i>C. A. Hollingsworth</i>
		Address	<i>Bel Air Md</i>
Accident or Suicide?	<i>No</i>		

Mount Zion

Name
in
Full

Philip Fogue

CERTIFICATE OF DEATH

Town

County

Died at near Belair

Hansford

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

Sept.

10

Age

95

Sex

Male

Color or
Race

White

Birth-
place

County Derry, Ireland

Occupation

Laborer

Where Residing if not
at place of death

At Almshouse

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Dont Know

Father's
Birthplace

Unknown

Mother's
Maiden Name

Dont Know

Mother's
Birthplace

Unknown

Name of person giving
In formation

Frank Mc Closkey

How related
to deceased

None

CAUSES OF DEATH

164

Primary

Fractured skull - fall down steps

How long

15 or 20 minutes

Immediate

Shock -

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. F. Vant Bibb

Address

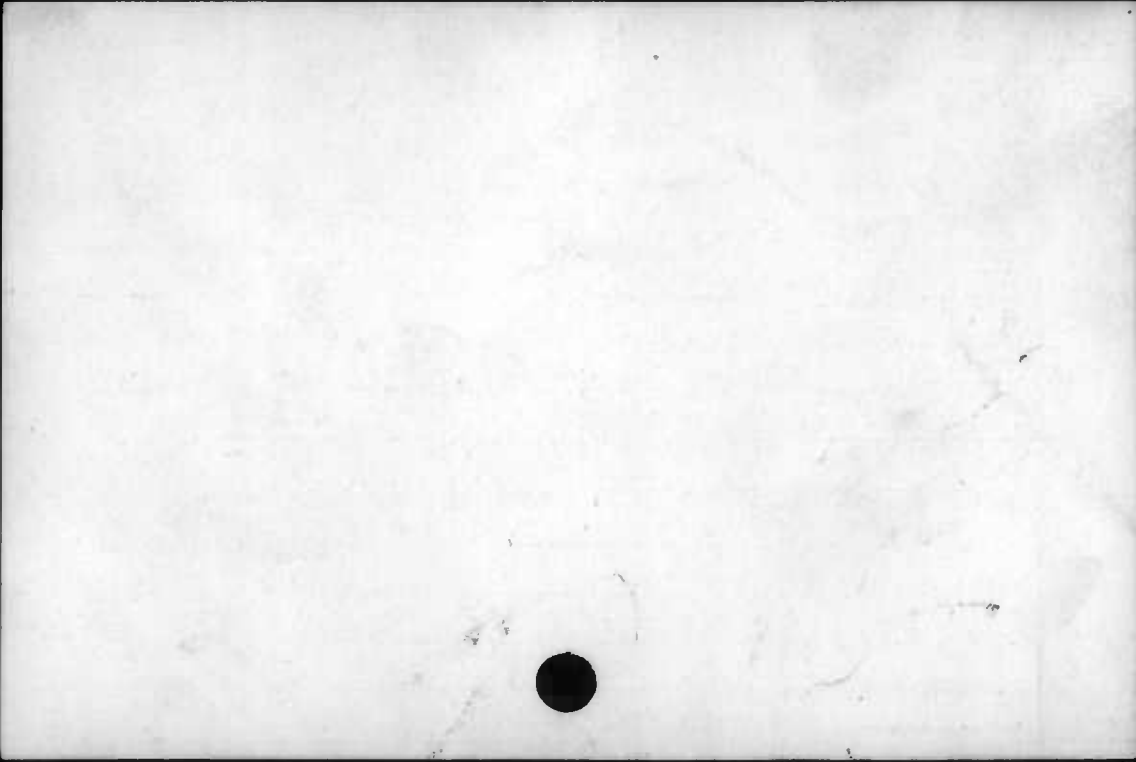
Bel Air

Accident

accident

Med.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Harry M. Cullough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

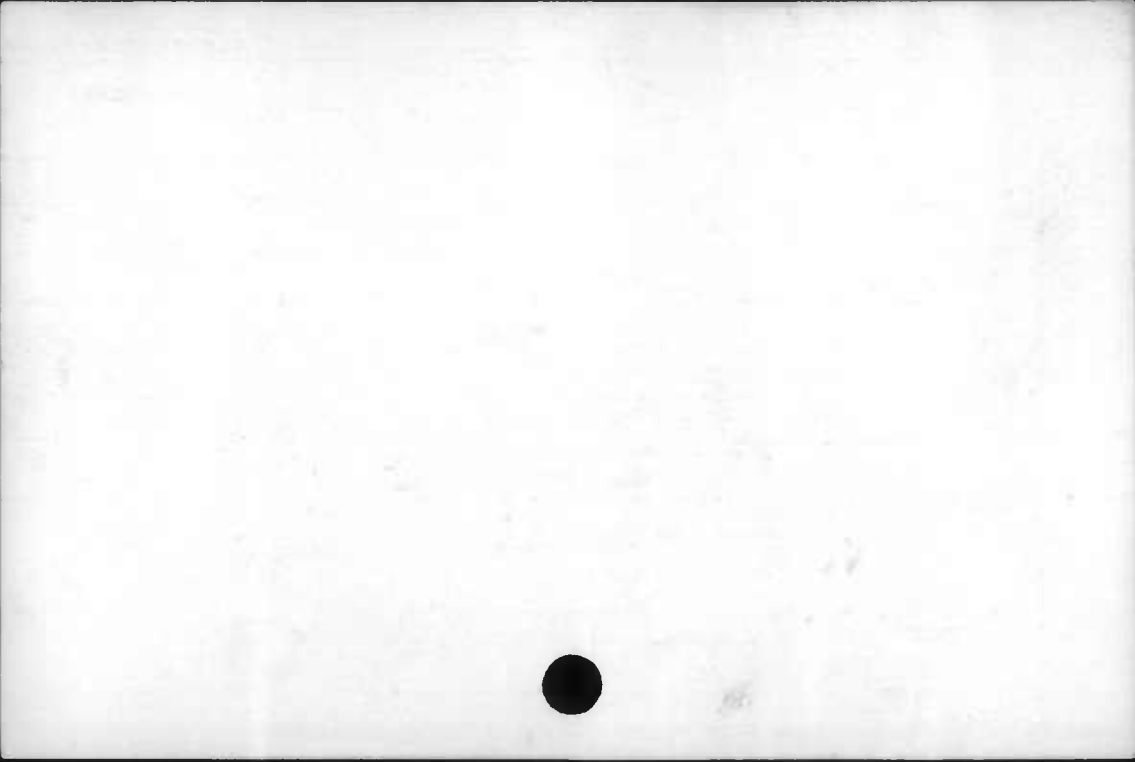
Died at		Town Harre de Grace		County Harford		MARYLAND	
Date of death		Month 1908	Day Sept	Age 4	Years -	Months -	Days 5
Sex Male		Color or Race White		Birth-place Harre de Grace			
Occupation None				Where Residing if not at place of death " " "			
Married Single		Name of Wife or Husband None					
Father's Name H. T. M. Cullough		Father's Birthplace Becil e					
Mother's Maiden Name Anna G. Crouch		Mother's Birthplace Harford Co.					
Name of person giving Information H. T. M. Cullough		How related to deceased Father					

CAUSES OF DEATH

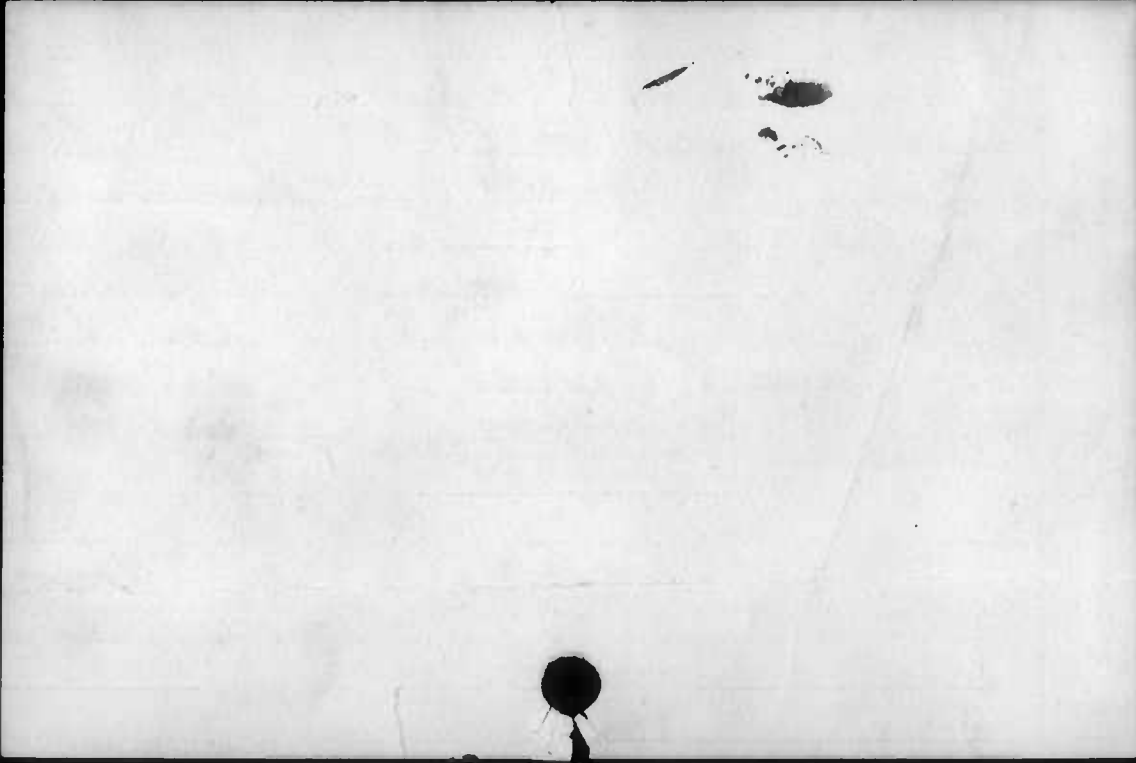
71

PHYSICIAN
OR CORONER

Primary	Don't know	How long	From birth
Immediate	Convulsion	How long	24 hours
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Yes		R. H. Smith	
		Address Harre de Grace	
Accident or Suicide		M. H.	



Name in Full		Elizabeth Ann McFadden				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Perryman			^{County} Harford		MARYLAND	
	Date of death 1908		Month Sept.	Day 30th	Age 50	Months 11	Days 16
	Sex Female		Color or Race White		Birth-place Oakwood, Md		
	Occupation Housewife, -		Where Residing if not at place of death		Perryman, Md		
	Married, Single or Widowed Married		Name of Wife or Husband Mrs. Wm		Jr. McFadden		
	Father's Name John West		Father's Birthplace		Md		
	Mother's Maiden Name Elizabeth A West		Mother's Birthplace		Oakwood, Md		
	Name of person giving information Annie E McFadden		How related to deceased		Daughter		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">104</div>							
PHYSICIAN OR CORONER	Primary		Brucella			How long 1 yr.	
	Immediate		Catarrh of Larynx			How long 4 mos	
	Are the name, age, sex, color, date and place correctly given above? yes			Signature of Physician		J. H. T. H.	
				Address		Perryman	
Accident or Suicide? Nicks							



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Celesta Madox</i>		Town <i>Harre de Grace</i>		County <i>Harford</i>		MARYLAND	
Died at		Month <i>Sept.</i>		Day <i>10</i>		Years <i>27</i>	
Date of death <i>1908</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Harre de Grace</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>" " "</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Madox</i>					
Father's Name <i>John T. Skinner</i>		Father's Birthplace <i>Harre de Grace</i>					
Mother's Maiden Name <i>Lizzie Sorrell</i>		Mother's Birthplace <i>Harre de Grace</i>					
Name of person giving information <i>Henry Madox</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary	<i>Emphysema</i>	How long	<i>One Month</i>
Immediate	<i>Exhaustion</i>	How long	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. W. Steiner M.D.</i>	
		Address <i>Harre de Grace, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

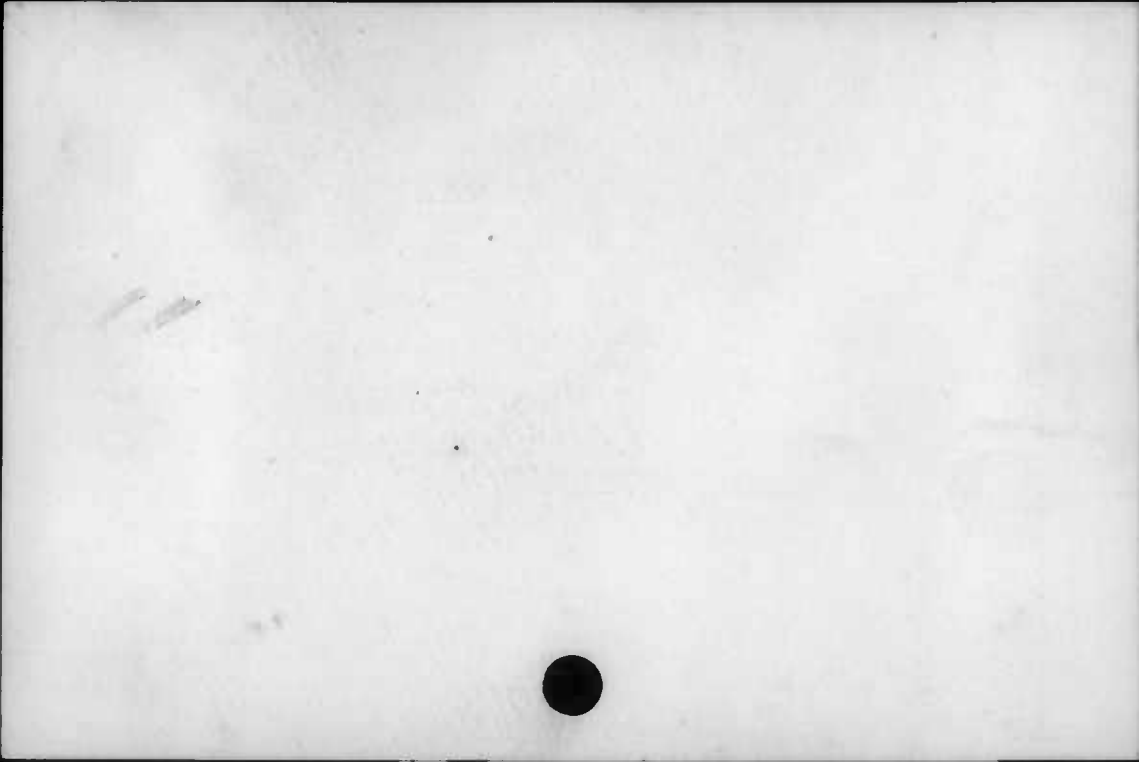
Name in Full <i>Solomon Newmeyer</i>		Town <i>Harrods Creek</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Harrods Creek</i>		Month <i>Sept</i>		Day <i>19</i>		Age <i>52</i>	
Date of death <i>1908</i>		Months <i>8</i>		Days <i>8</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Merchant</i>				Where Residing if not at place of death <i>Washington St Harrods Creek, Md</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hannah Newmeyer</i>					
Father's Name <i>Mendel Newmeyer</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Unkown</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Eugene Newmeyer</i>				How related to deceased <i>son</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>		How long <i>About 12 hours</i>	
Immediate <i>Heart Complications</i>		How long <i>Very Short</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. W. Smith</i>	
Address <i>Harrods Creek Md</i>			
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>30</i>	Age <i>5</i>	Months <i>5</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Washington</i>		
Occupation _____			Where Residing if not at place of death <i>Bel Washington</i>		
Married, Single or Widowed			Name of Wife or Husband _____		
Father's Name <i>Richard Nugent</i>			Father's Birthplace <i>Washington</i>		
Mother's Maiden Name <i>Pauline Bruce</i>			Mother's Birthplace "		
Name of person giving information <i>Pauline Bruce</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>	How long <i>2 days</i>
Immediate <i>Concussion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arnold D. Applegate</i>
<i>2</i>	Address _____
	Accident or Suicide?

Hendon Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Pearce</i>		Town <i>Harrods Grace</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Harrods Grace</i>		Month <i>Sept.</i>		Day <i>14</i>		Years <i>79</i>	
Date of death <i>1908</i>		Month <i>Sept.</i>		Day <i>14</i>		Age <i>79</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Harrods Grace</i>			
Occupation <i>House Wiper</i>		Where Residing if not at place of death <i>" " "</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Albert Pearce</i>					
Father's Name <i>Edward Dorsey</i>		Father's Birthplace <i>Harford Co</i>					
Mother's Maiden Name <i>Harriet Stanbury</i>		Mother's Birthplace <i>Harrods Grace</i>					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>Many years</i>
Immediate <i>Heart disease</i>	How long <i>About a yr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. W. Smith</i>
	Address <i>Harrods Grace Md</i>
Accident or Suicide <i>No</i>	



Name
in
Full

Lawrence J. Powers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

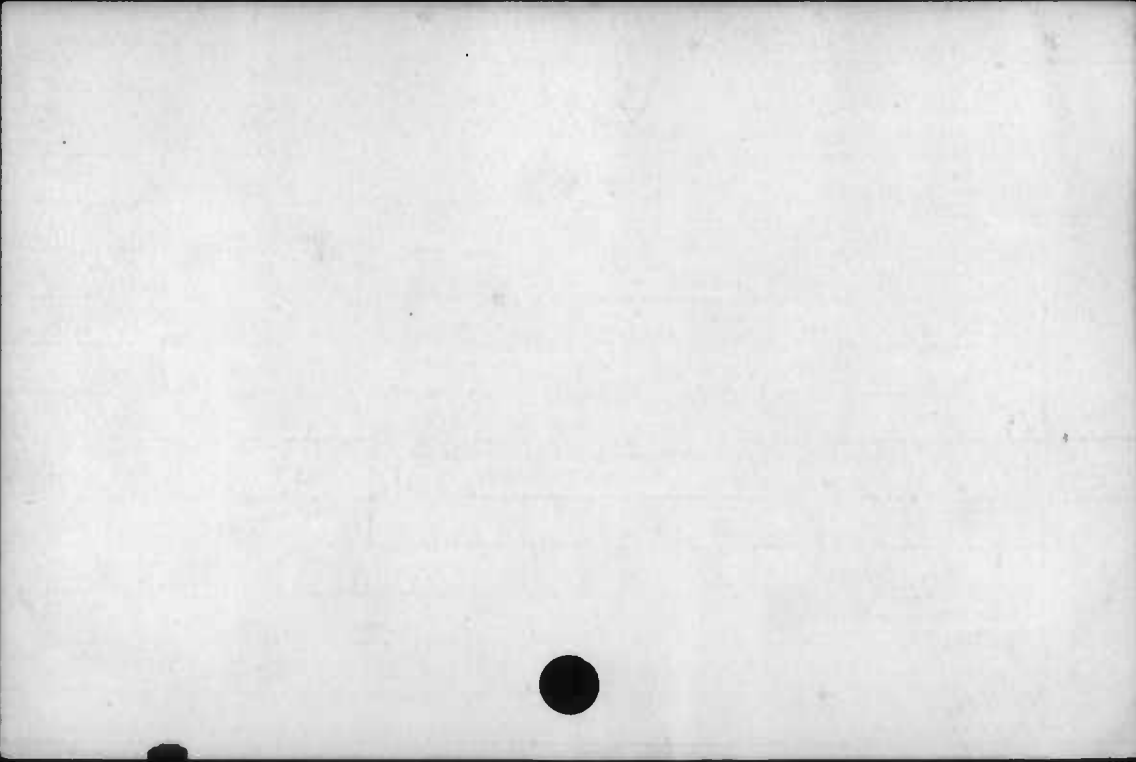
Died at <i>Edgewood</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>8</i> <small>Day</small> <i>23</i>		Age <i>34</i> <small>Years</small>		<small>Months</small>	<small>Days</small>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Reveries N. H.</i>	
Occupation <i>Waiter</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bessie Kelley</i>			
Father's Name <i>Edward J. Powers</i>		Father's Birthplace <i>Newfoundland</i>			
Mother's Maiden Name <i>Mary Conway</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs. Mary Powers</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Accident -</i>		How long <i>-</i>
Immediate <i>Killed by Reg. R. Train</i>		How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above		Signature of Physician <i>Geo. M. Hardy</i> Coroner
<i>Yes</i>		Address
Accident or Suicide? <i>Accident</i>		



Name
in
Full

Laura Virginia Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Abingdon* Town *Harford* County

MARYLAND

Date of death *1908 September 30th* Month *September* Day *30th* Age *0* Years *11* Months *2* Days

Sex *Female* Color or Race *black* Birth-place *Abingdon*

Occupation *none* ~~Where Residing at~~ at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Joseph Thomas Preston* Father's Birthplace *Bel Air*

Mother's Maiden Name *Alice Wilmer* Mother's Birthplace *Van Bibber*

Name of person giving information *Father Joe* How related to deceased *Parent*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *3 weeks*

Immediate *collapse* How long *unknown*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. Oppermann*

Address *Abingdon Md*

Accident or Suicide? *9*

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Sept

Name
in
Full

Franklin Oleuda Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *The Rocks* ^{Town} *Garford Co* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *Sep* ^{Day} *19* ^{Age} *5* ^{Years} *5* ^{Months} *5* ^{Days}

Sex *Male* Color or Race *White* Birth-place *The Rocks*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's Name *Chas Robinson*Father's Birthplace *don't know*Mother's Maiden Name *Fleuda Robinson*Mother's Birthplace *The Rocks*Name of person giving information *Isaac Slade*How related to deceased *none*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Primary

How long

6 weeks

Immediate

Indurium

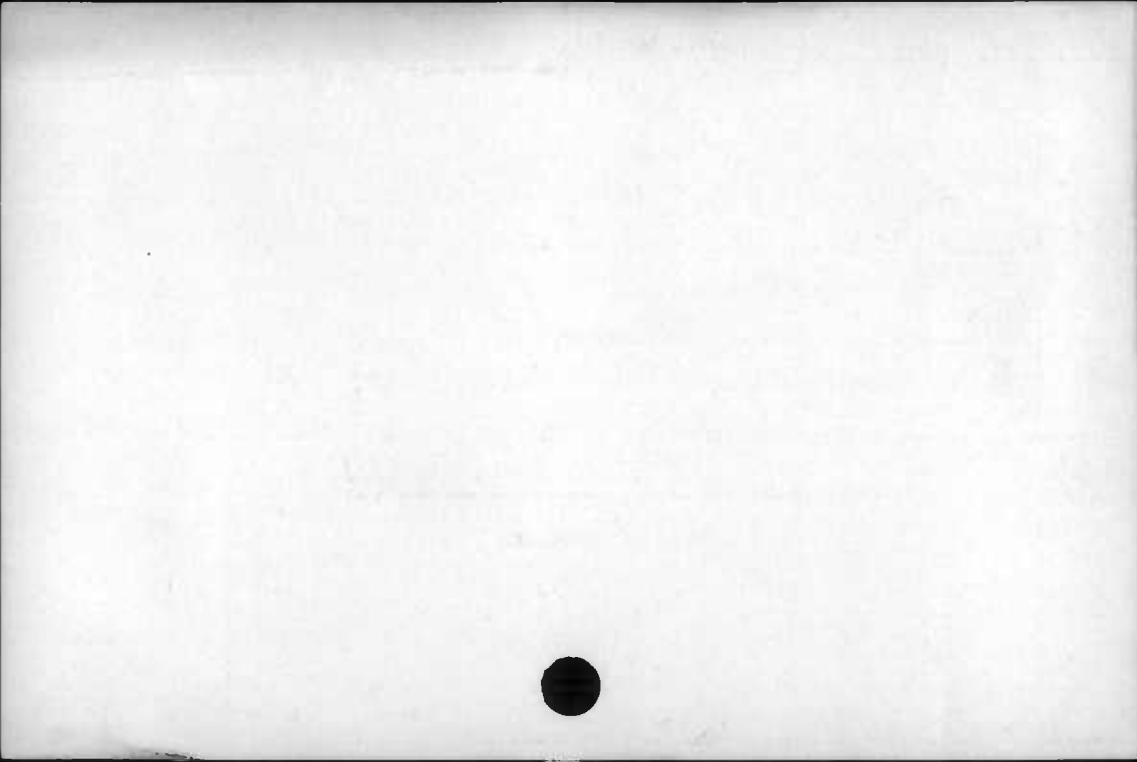
How long

*4 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

F. J. Turner
White Hall
Ma

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

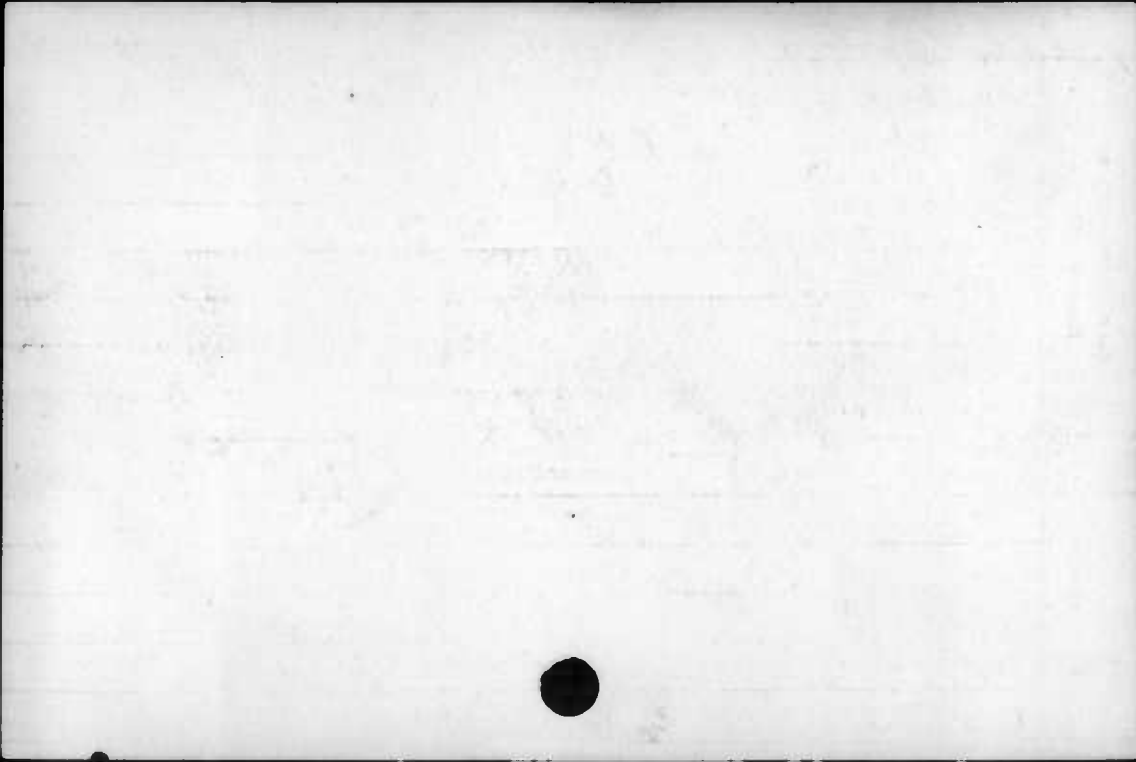
Name in Full Wm J Sawyer		Town Emmerton		County Harford		State MARYLAND	
Died at Emmerton		Date of death 1908		Age 77		Months 3	
Month Sept		Day 30		Years 77		Days 14	
Sex Male		Color or Race White		Birth-place Ind.			
Occupation Farmer		Where Residing if not at place of death Emmerton					
Married, Single or Widowed Married		Name of Wife or Husband Octavia Gilbert					
Father's Name Wm Sawyer		Father's Birthplace Pa					
Mother's Maiden Name Charity Magners		Mother's Birthplace Ind.					
Name of person giving information Octavia Sawyer		How related to deceased Wife					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Heart Disease	How long 87 yrs
Immediate Failure	How long Unrecorded
Are the name, age, sex, color, date and place correctly given above? y	Signature of Physician Castellingsworth
	Address Bel Air Md
Accident or Suicide? 2	



Name
in
Full

Martha A Scarborough

CERTIFICATE OF DEATH

Died at Dublin ^{Town}Harford ^{County}

MARYLAND

Date of death 1908 ^{Month} Sept.1st. ^{Day}Age 87 ^{Years}— ^{Months}— ^{Days}Sex FemaleColor or
RaceWhiteBirth-
placeHarford Co.,

Occupation

HousewifeWhere Residing if not
at place of deathMarried, Single
or WidowedWidowedName of Wife or
HusbandArchibald ScarboroughFather's
NameWm. CarterFather's
BirthplaceNot KnownMother's
Maiden NameNot KnownMother's
BirthplaceNot KnownName of person giving
In formationHoward JonesHow related
to deceasedSon in law

CAUSES OF DEATH

154

Primary

How long

Immediate

How long

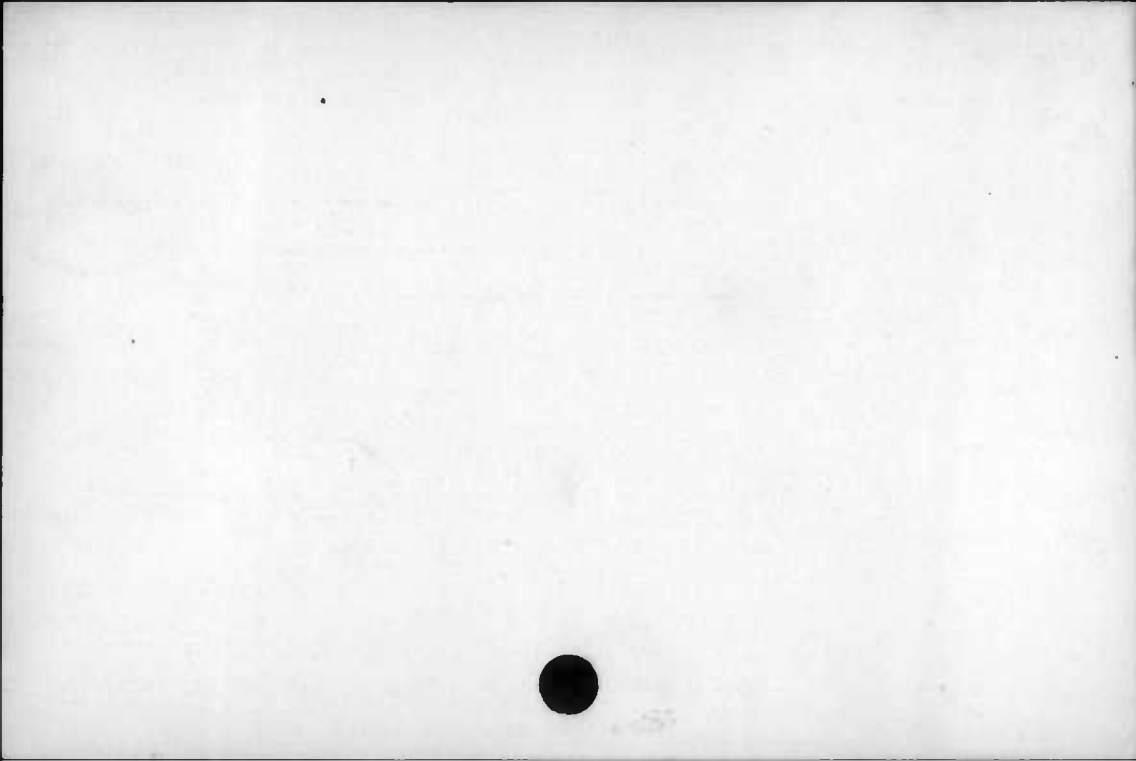
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Tobias
Darlington, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullMary Scully
Magruder

CERTIFICATE OF DEATH

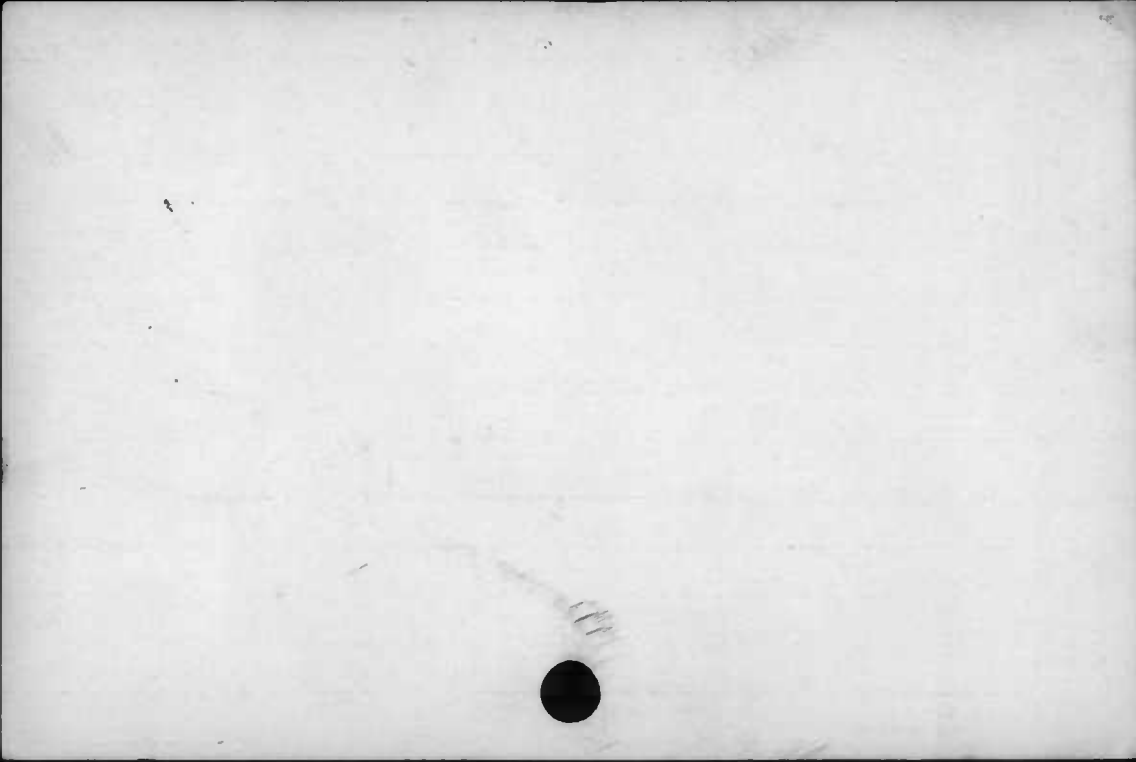
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	8	Sept	25	35			
Sex	Female		Color or Race	white		Birth-place	Pennsylvania
Married, Single or Widowed	Single		Occupation	Housewife			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
James Scully				Ireland			
Mother's Maiden Name				Mother's Birthplace			
Margaret Hyland				Ireland			
Name of person giving information				How related to deceased			
Sarah Scully				Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aortic Stenosis	How long	2 years
Immediate	Failure compensation	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yhs		Chas E Roth	
Address		Edgewood Md	
Accident or Suicide?			



Name
in
Full

Mable E. Somerville

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Wheel</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND					
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>13</i>		Age <i>12</i>		Months <i>2</i>		Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wheel Harford</i>							
Occupation _____				Where Residing at <i>at place of death</i>							
Married Single or Widowed				Name of Wife or Husband _____							
Father's Name <i>Elijah Somerville</i>				Father's Birthplace <i>Harford Co.</i>							
Mother's Maiden Name <i>Elizabeth V. P'tech</i>				Mother's Birthplace <i>Harford Co.</i>							
Name of person giving information <i>Henry C. Somerville</i>				How related to deceased <i>Grand Father</i>							

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>abt. 45</i>
Immediate	<i>Exhaustion</i>	How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above?		<i>YES</i>	
Signature of Physician		<i>C. A. Seeling</i>	
Address		<i>Bel Air</i>	
Accident or Suicide?		<i>used</i>	



Name
in
Full

CERTIFICATE OF DEATH



TO BE ANSWERED BY
NEAREST FRIEND

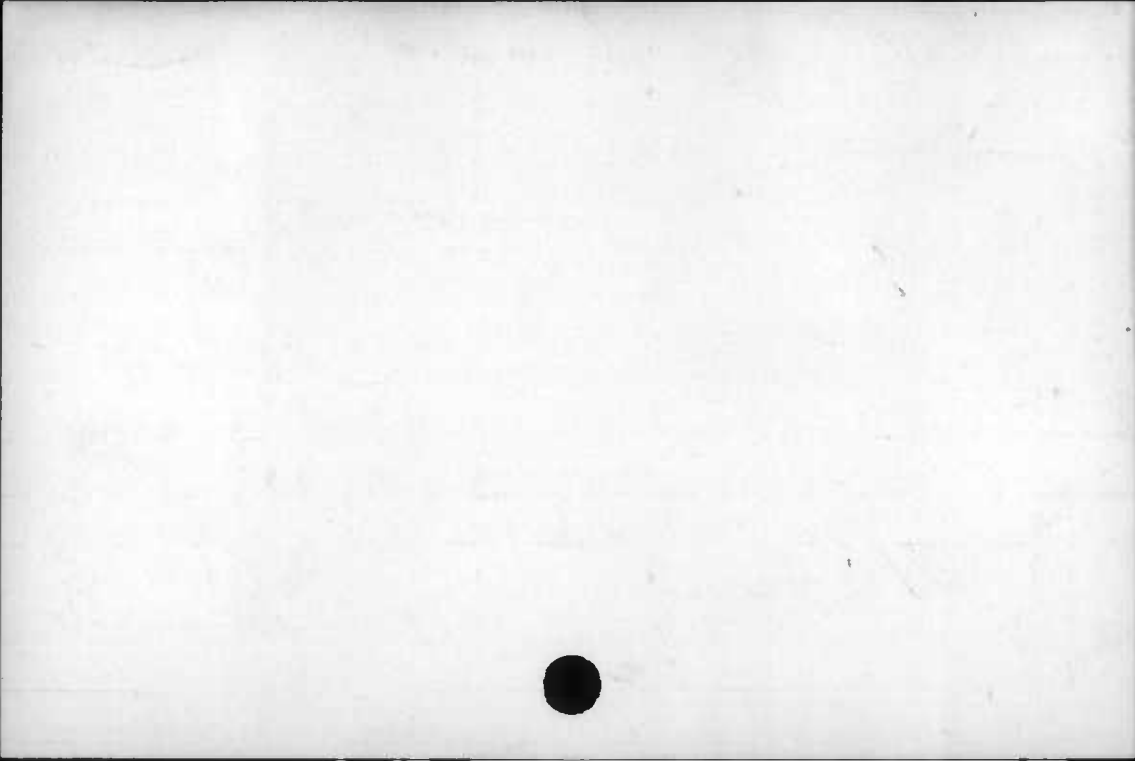
Died at <i>Bel Air</i> Town		<i>Hanford</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Sept</i>	Day <i>27</i>	Age <i>49</i> Years	Months <i>8</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation <i>Publisher</i>	Where Residing if not at place of death <i>Bel Air</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Malvinda C. Swungley</i>				
Father's Name <i>George Swungley</i>	Father's Birthplace <i>Pa</i>			Mother's Birthplace <i>Pa</i>	
Mother's Maiden Name <i>May Schook</i>	Name of person giving information <i>J. H. Swungley</i>			How related to deceased <i>Son.</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>5 or 6 hours -</i>
Immediate	<i>Coma</i>	How long	<i>5 or 6 hours -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. F. Vant Gibbs M.D.</i>
 Accident or Suicide? <i>No.</i>		Address	<i>Bel Air</i>
			<i>Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edith W. Ferry</i>				Town <i>Bale</i>		County <i>Harford</i>		MARYLAND	
Died at		Date of death		Age		Months		Days	
<i>Bale</i>		<i>1902 Sept 27</i>		<i>76</i>		<i>—</i>		<i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ba</i>					
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Bale Md</i>							
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <i>Joseph R. Ferry</i>							
Father's Name <i>Jacob Linney</i>		Father's Birthplace <i>Ba</i>							
Mother's Maiden Name <i>Mecilla Waterman</i>		Mother's Birthplace <i>Ba</i>							
Name of person giving information <i>Jacob L. Ferry</i>		How related to deceased <i>Son</i>							

CAUSES OF DEATH

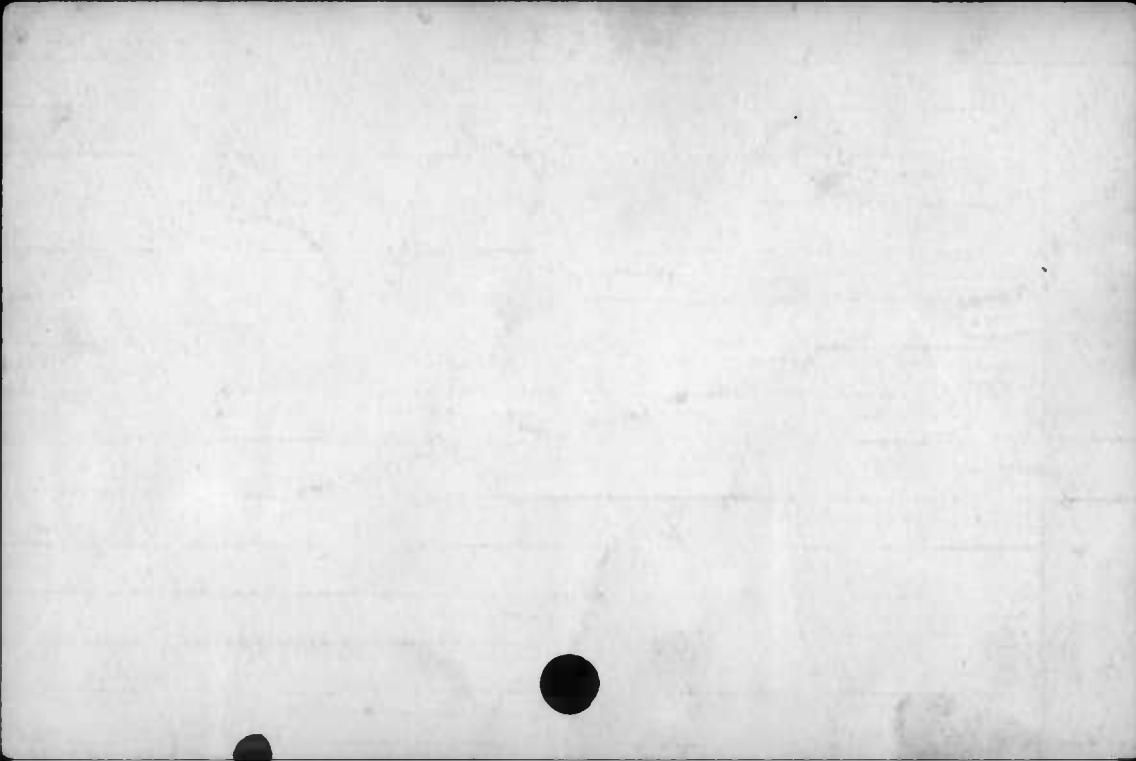
93

PHYSICIAN
OR CORONER

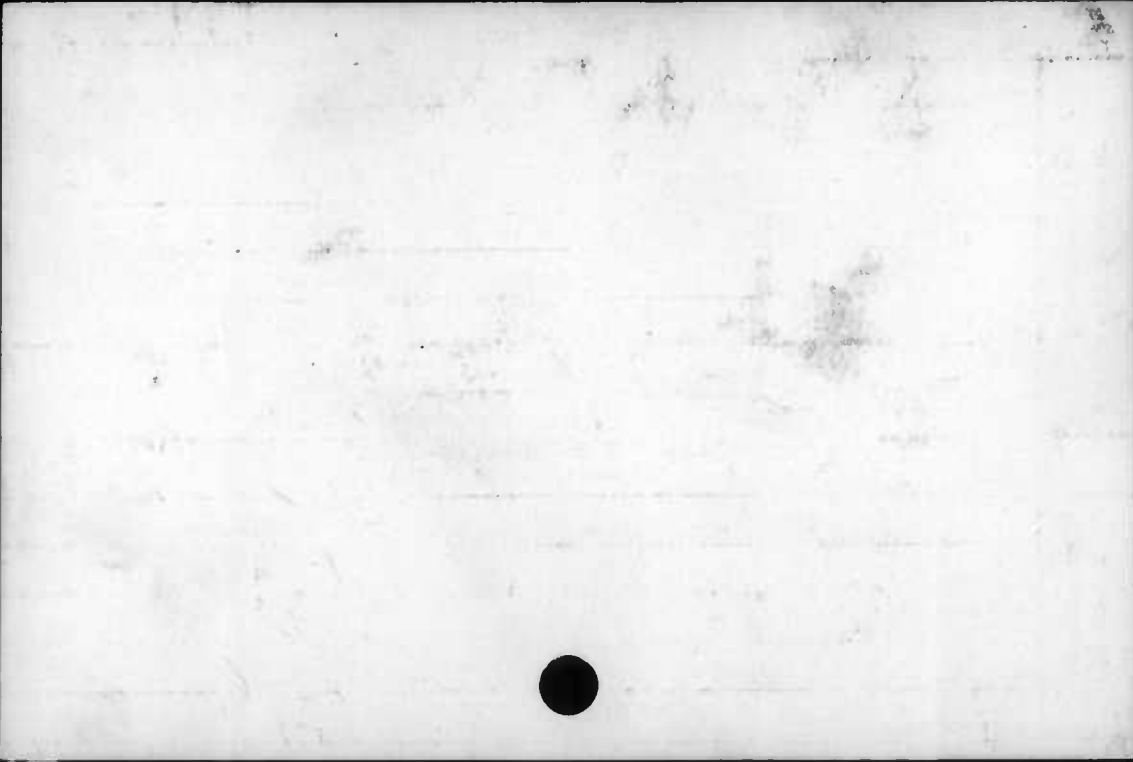
Primary <i>Chronic Bronchitis</i>		How long <i>18 yrs</i>	
Immediate <i>Pneumonia</i>		How long <i>12 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. A. Seingsworth</i>	
<i>9</i>		Address <i>Bal at Md</i>	
Accident or Suicide? <input type="checkbox"/>			


Amesbury

Name in Full Alex Washington		CERTIFICATE OF DEATH	
Died at Creswell Town		Harford County	
Date of death 1908 Month Sept Day 19 Age 16 Months — Days —		MARYLAND	
Sex Male	Color or Race Colored	Birth-place Maryland	
Occupation Labourer	Where Residing if not at place of death Creswell		
Married, Single or Widowed Single	Name of Wife or Husband —		
Father's Name James Peco	Father's Birthplace don't know		
Mother's Maiden Name Fannie Washington	Mother's Birthplace Maryland		
Name of person giving information Henry Washington	How related to deceased Uncle		
CAUSES OF DEATH			
Primary Nephritis	How long 8 months		
Immediate Uremic poison and heart failure	How long 10 days		
Are the name, age, sex, color, date and place correctly given above? ✓	Signature of Physician J A Callahan		
9	Address Belcamp		
Accident or Suicide? ✓	ms		



Name in Full Henry Porter West.		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Belair <small>Town</small>		Harford. <small>County</small>
	Date of death 1908 <small>Month</small> September <small>Day</small> 9th		Age 70 <small>Years</small>
	Sex Male		Color or Race White
	Occupation Minister		Birth-place Harford Co., Md.
	Where Residing If not at place of death Belair Md.		
	Married, Single or Widowed Married	Name of Wife or Husband Mary E. West	
	Father's Name Richard West		Father's Birthplace Harford Co., Md.
	Mother's Maiden Name Angelina Marshall		Mother's Birthplace Baltimore
Name of person giving information William H. West.		How related to deceased Son	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Sarcocoma of Orbit.		How long 20 years
	Immediate Meningeal Pyaemia		How long 7 days
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Turnell W. Applegate
	Address Bel Air.		
	Accident or Suicide?		



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Perryman</i>		County <i>Harford</i>		MARYLAND
	Date of death <i>1901</i>	Month <i>Sept</i>	Day <i>27</i>	Age <i>do not know</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>unknown</i>	
	Occupation <i>unknown</i>		Where Residing if not at place of death <i>unknown</i>		
	Married, Single or Widowed <i>unknown</i>	Name of Wife or Husband <i>unknown</i>			
	Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>		
	Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>Found by Mr. Henry (col)</i>				How related to deceased	
<div>CAUSES OF DEATH</div> <div>179</div>					
PHYSICIAN OR CORONER	Primary		Was found floating in the bay		How long
	Immediate				How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
			Address <i>Richard M. Taylor</i> <i>Coroner Perryman Md</i>		
Accident or Suicide?					

